

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

Richard Brady 736045

7901 State Rd

Phila Pa 19136

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

CURRAN FRONHOLD CORRECTIONAL
FACILITY

7901 STATE RD

PHILA PA 19136

11

3778

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: Yes No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A.** List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Richard Brady

ID # 736045

Current Institution CURRAN FRONHOLD CORRECTIONAL FACILITY

Address 7901 State Rd

Phila Pa 19136

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Officer Anderson Shield # _____
 Where Currently Employed CURRAN FRONTFIELD CORRECTIONAL FACILITY
 Address 7901 STATE RD
PHILA PA 19136

Defendant No. 2

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 3

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur? B1-1 A2-1
Pod CURRAN FRONTFIELD CORRECTIONAL FACILITY 7901 STATE RD PHILA PA 19136
- B. Where in the institution did the events giving rise to your claim(s) occur? B1-1 A2-1
Cell
- C. What date and approximate time did the events giving rise to your claim(s) occur? 1998 yr
1999, 2000 yr 2010 yr 2011 yr 6/11/11

What happened to you?

D.

Facts:

Triple Ceiling

Who did what?

State put me in a multi room housing four man in one small cell no windows

Was anyone else involved?

Other inmates

Who else saw what happened?

State and inmates

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Stress, depression

Headaches

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Cuyahoga Franklin Correctional Facility

7901 State Rd Ph. 1A P.A. 14136

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes No Do Not Know

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes No Do Not Know

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes No

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes No

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? 18-ple calling

2. What was the result, if any? NOT

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: I

Filed grievances in STAFF BOX
ON POD

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

AP

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

AP

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I want to be compensated

For Triple celling and Four man multi room
Cell with no windows in the amount of three
Hundred Thousand dollars that is \$300,000 dollars

thank you

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VL Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?
Yes No

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

On
these
claims

- Yes No

If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

- 1. Parties to the previous lawsuit:**

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county)

- 3. Docket or Index number**

4. Name of Judge assigned to your case:

- 5 Approximate date of filing lawsuit

6. Is the case still continuing? Yes _____ No _____

If NO_2 gives the compound NO_2Cl , then NO_2 is:

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

On
other
claims

C. Have you filed other lawsuits in state or federal court?

Yes No

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff

Defendants

2. Court (if federal court, name the district; if state court, name the county)

3. Docket or Index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending? Yes No

If NO, give the approximate date of disposition

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 1 day of June, 20 11.

Signature of Plaintiff

Richard Brady

Inmate Number

736045

Institution Address

7901 State Rd
Phila PA 19136

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 1 day of June, 2011, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff:

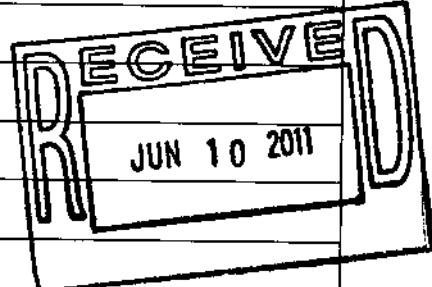
Richard Brady

Philadelphia Prison System

Inmate Grievance Form

Check box only if grievance is regarding Medical Services Name Richard Brady
Intake Number 110665Housing Unit 7
Police Photo Number 7Description of Grievance, Incident or Problem
(include date and time of incident)

I want to be moved
to a two man
cell



Action Requested by Inmate:

See: Continuation of Grievance - Page 2 Yes No

Describe how and when you tried to resolve this Grievance informally.

Date that you are depositing this Grievance in a grievance box:

Richard Brady
(Signature of Grievant)198, 199, 200
210, 211, 212
(Date)